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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	09/691,237 October 19, 2000 David S. Wells, et al.				
Filing Date					
First Named Inventor					
Art Unit					
Examiner Name	Lakshmi S. Channavajjala				
Attorney Docket Number	50821/99.3 US				

I hereby revoke all previous powers of attorney given in the above-identified application:								
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SIGNATURE of Applicant or Assignee of Record								
Signature								
Name Val B Antczak, Sr. Wice President, Legal Affairs and General Counsel								
Date	<u> </u>	10/30/2007		Telepho	1			
NOTE: Signa multiple forms if	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
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